

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**937351**  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5		3				
6		0				
7		0				
8		0				
9		2				
10		2				
11		0				
12		0		2		
13		0				
14		0				
15		0				
16		0				
17		0				
18		0				
19		0				
20	1		1			
21		0				
22		0				
23		0				
24	1		1			
25						
26		2				
27		0				
28	1		1			
29		1				
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32		0				
33	1					
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49						
50						
TOTAL IND.		8				
TOTAL DEP.		29				
TOTAL CLAIMS		37				

	IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS								